

## CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTHSFUND RECORDS CTR  
999000475

## PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): C. C. C. C. C. C. Code No.     Pick up Address: 12345 S Main St Code No.     Telephone Number:      P.O. or Contract No.     Order Placed By:      Date:     Type of Process     which Produced Wastes:      Code No.     

(Examples: metal plating, equipment cleaning, oil drilling--Code No. wastewater treatment, pickling bath, petroleum refining)

## DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

- |  |   |
|--|---|
| 1. <input type="checkbox"/> Acid solution          | 8. <input type="checkbox"/> Tank bottom sediment        |
| 2. <input type="checkbox"/> Alkaline solution      | 9. <input type="checkbox"/> Oil                         |
| 3. <input type="checkbox"/> Pesticides             | 10. <input type="checkbox"/> Drilling mud               |
| 4. <input type="checkbox"/> Paint sludge           | 11. <input type="checkbox"/> Contaminated soil and sand |
| 5. <input type="checkbox"/> Solvent                | 12. <input type="checkbox"/> Gaseous waste              |
| 6. <input type="checkbox"/> Tetraethyl lead sludge | 13. <input type="checkbox"/> Water waste                |
| 7. <input type="checkbox"/> Chemical toilet wastes | 14. <input type="checkbox"/> Mud and water              |
|  | 15. <input type="checkbox"/> Brine                      |

☐ Other (Specify):      Code No.     

## Components:

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Upper	Concentration: Lower	2	ppm
1. <u>    </u>	<u>    </u>	<u>    </u>	<input type="checkbox"/>	<input type="checkbox"/>
2. <u>    </u>	<u>    </u>	<u>    </u>	<input type="checkbox"/>	<input type="checkbox"/>
3. <u>    </u>	<u>    </u>	<u>    </u>	<input type="checkbox"/>	<input type="checkbox"/>
4. <u>    </u>	<u>    </u>	<u>    </u>	<input type="checkbox"/>	<input type="checkbox"/>
5. <u>    </u>	<u>    </u>	<u>    </u>	<input type="checkbox"/>	<input type="checkbox"/>
6. <u>    </u>	<u>    </u>	<u>    </u>	<input type="checkbox"/>	<input type="checkbox"/>

## Hazardous Properties of Waste:

pH      ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosiveBulk Volume:      ☐ gal ☐ tons ☐ barrels (42 gal) ☐ other (specify)     Containers:      (Number) ☐ drums ☐ cartons ☐ bags ☐ other (specify)     Physical State: ☐ solid ☐ liquid ☐ sludge ☐ other (specify)     Special Handling Instructions (if any):     

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable)

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title:     

## HAULER OF WASTE (Must be filled by hauler)

Name (print or type): Superior Industrial Pumping Code No. 27Business Address: 2501 1/2 W. Manchester Ave. Inc. Code No.     Telephone Number: 778-7642 Pick Up: 7-15-77 Time:     State Liquid Waste Hauler's Registration No. (if applicable): 483Job No.: 00752 No. of Loads or Trips: 1 Unit No.: 1Vehicle: ☒ Vacuum truck ☐ barrels, ☐ flatbed, ☐ other (specify)     

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

## DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): Operating Inc. Code No.     Site Address: Monte Vista

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RMQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable):      State fee (if any):     

## Handling Method(s):

- ☐ recovery
- ☐ treatment (specify):
- ☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well ☐ other (specify):

If waste is held for disposal elsewhere specify final location:     Disposal Date: 7-20-77

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.